



Arkansas Department of Health and Human Services

Division of Medical Services



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TO: Arkansas Medicaid Health Care Providers – Dental

DATE: March 1, 2007

SUBJECT: Provider Manual Update Transmittal # 99

REMOVE

Section	Date
215.000	7-1-06
216.100	5-1-06
262.100	7-1-06

INSERT

Section	Date
215.000	3-1-07
216.100	3-1-07
262.100	3-1-07

Explanation of Updates

Section 215.000 has been included to advise that providers may request prior authorization online with a brief narrative through the Provider Electronic Solutions (PES) Application or other vendor software.

Section 216.100 has been included to advise providers that the limits for a complete series of intraoral radiographs may be exceeded based on medical necessity.

Section 262.100 has been included to delete procedure code **D1201** because it is no longer a payable code. Procedure code **D1203** is being added and may be billed with **D1120** for beneficiaries, ages 0 to nine (9) years of age, and may be billed with **D1110** for beneficiaries, ages ten (10) through twenty (20) years of age. The national descriptions for procedure codes **D0350** and **D9920** have been corrected. Information has been included to add the Arkansas Medicaid description for procedure codes **D0120, D0140, D1110, D1120, D1203, D1351** and **D9220**.

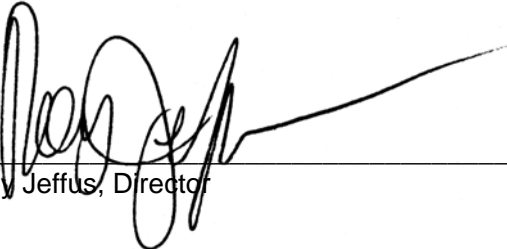
Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 (TDD only).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:
www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.



Roy Jeffus, Director

215.000 Child Health Services (EPSDT) Dental Screening**3-1-07**

The Child Health Services (EPSDT) periodic and interperiodic dental screening exams consist of an inspection of the oral cavity by a licensed dentist. The purpose of the dental screening exams is to check for obvious dental abnormalities and to assure access to needed dental care. Regular screening exams should be performed in accordance with the recommendations of the Child Health Service (EPSDT) periodicity schedule.

The Child Health Services (EPSDT) periodic dental screening exam is limited to two screening exams per every six (6) months plus one (1) day for individuals under age 21. These benefits may be extended if documentation is provided that verifies medical necessity. See Section 262.100 to view the procedure code for periodic dental screening exams.

Individuals under age 21 enrolled in the EPSDT Program may receive an interperiodic dental screening exam as often as is medically necessary. Prior authorization from the Division of Medical Services Dental Care Unit is required for this service and must be requested on the ADA Claim Form. [View or print form ADA-J510](#) or request prior authorization online with a brief narrative through the Provider Electronic Solutions (PES) Application Software or other vendor software. See Section 262.100 for the interperiodic dental screening exam procedure code.

Infant oral health care examinations must be based on the recommendations of the American Academy of Pediatric Dentistry. Essential elements of an infant oral health care visit are a thorough medical and dental history, oral examination, parental counseling, preventive health education and determination of appropriate periodic re-evaluation. See Section 201.500 for information regarding the dentist's role in the EPSDT Program.

216.100 Complete Series Radiographs**3-1-07**

A complete series of intraoral radiographs is allowable within a single state fiscal year (SFY) of July 1 through June 30 only once every five years, **any limits may be exceeded based on medical necessity** (e.g., traumatic accident).

- A. A complete series must include 10 to 18 intraoral films, including bitewings or a panoramic film including bitewings. Two bitewings are covered when a panoramic X-ray is taken on the same date.
- B. Only one complete series is covered. A complete series may be:
 1. Intraoral, including bitewings, or
 2. Panoramic, including bitewings.
- C. When an emergency extraction is done on the day a complete series is taken, no additional X-rays will be covered.
- D. **Prior authorization (PA) is required for panoramic radiographs of children under age six.**
- E. When referrals are made, the patient's X-rays must be sent to the specialist.
- F. For instructions when billing for a complete series, see section 262.400.

262.100 ADA Procedure Codes Payable to Beneficiaries Under Age 21**3-1-07**

The following ADA procedure codes are covered by the Arkansas Medicaid Program. These codes are payable for beneficiaries under the age of 21.

Beside each code is a reference chart that indicates whether X-rays are required and when prior authorization (PA) is required for the covered procedure code. If a concise report is required, this information is included in the PA column.

* Revenue code

**(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the covered service.

** Prior authorization is required for panoramic x-rays performed on children under six years of age. (See section 216.100)

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
Child Health Services (EPSDT) Dental Screening (See section 215.000)			
D0120	** (CHS/EPSDT Dental Screening Exam)	No	No
D0140	** (CHS/EPSDT Interperiodic Dental Screening Exam)	Yes, and requires report	No
Radiographs (See sections 216.000 – 216.300)			
D0210	Intraoral – complete series (including bitewings)	No	No
D0220	Intraoral – periapical – first film	No	No
D0230	Intraoral – periapical – each additional film	No	No
D0240	Intraoral – occlusal film	No	No
D0250	Extraoral – first film	No	No
D0260	Extraoral – each additional film	No	No
D0272	Bitewings – two films	No	No
D0330	Panoramic film	No**	No
D0340	Cephalometric film	Yes	No
Tests and Laboratory			
D0350	Oral/facial photographic images	Yes	No
D0470	Diagnostic casts	Yes	No
Preventive			
Dental Prophylaxis (See section 217.100)			
D1120	Prophylaxis – child ** (ages 0-9)	No	No
D1110	Prophylaxis – adult ** (ages 10-20)	No	No
Topical Fluoride Treatment (Office Procedure) (See Section 217.100)			
D1203	Topical application of fluoride (prophylaxis not included) – child ** (ages 0-20)	No	No
Dental Sealants (See section 217.200)			
D1351	Sealant per tooth ** (1st and 2nd permanent molars only)	No	No
Space Maintainers (See section 218.000)			
D1510	Space maintainer – fixed – unilateral	Yes	Yes
D1515	Space maintainer – fixed – bilateral	Yes	Yes
D1525	Space maintainer – removable-bilateral	Yes	Yes

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
Restorations (See sections 219.000 – 219.200)			
Amalgam Restorations (including polishing) (See section 219.100)			
D2140	Amalgam – one surface	No	No
D2150	Amalgam – two surfaces	No	No
D2160	Amalgam – three surfaces	No	No
D2161	Amalgam – four or more surfaces	No	No
Composite Resin Restorations (See section 219.200)			
D2330	Resin – one surface, anterior, permanent	No	No
D2331	Resin – two surfaces, anterior, permanent	No	No
D2332	Resin – three surfaces, anterior, permanent	No	No
D2335	Resin – four or more surfaces or involving incisal angle, permanent	Yes	Yes
Crowns – Single Restoration Only (See section 220.000)			
D2710	Crown – resin (laboratory)	Yes	Yes
D2752	Crown – porcelain -ceramic substrate	Yes	Yes
D2920	Re-cement crown	No	Yes
D2930	Prefabricated stainless steel crown – primary	No	No
D2931	Prefabricated stainless steel crown – permanent	Yes	Yes
Endodontia (See section 221.000)			
Pulpotomy			
D3220	Therapeutic pulpotomy (excluding final restoration)	No	No
D3221	Gross pulpal debridement, primary and permanent teeth	Yes	No
Root canal therapy (including treatment plan, clinical procedures and follow-up care)			
D3310	One canal (excluding final restoration)	Yes	Yes
D3320	Two canals (excluding final restoration)	Yes	Yes
D3330	Three canals (excluding final restoration)	Yes	Yes
Periapical Services			
D3410	Apicoectomy (per tooth) – first root	Yes	Yes
Periodontal Procedures (See section 222.000)			
Surgical Services (including usual postoperative services)			
D4341	Periodontal scaling and root planing	Yes	Yes
D4910	Periodontal maintenance procedures (following active therapy)	Yes	Yes

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
Complete dentures (Removable Prosthetics Services) (See section 223.000)			
D5110	Complete denture – maxillary	Yes	Yes
D5120	Complete denture – mandibular	Yes	Yes
Partial Dentures (Removable Prosthetic Services) (See section 223.000)			
D5211	Upper partial – acrylic base (including any conventional clasps and rests)	Yes	Yes
D5212	Lower partial – acrylic base (including any conventional clasps and rests)	Yes	Yes
Repairs to Partial Denture (See section 223.000)			
D5610	Repair acrylic saddle or base	Yes	No
D5620	Repair cast framework	Yes	No
D5640	Replace broken teeth – per tooth	Yes	No
D5650	Add tooth to existing partial denture	Yes	No
Fixed Prosthodontic Services (See section 224.000)			
D6930	Re-cement bridge	Yes	No
Oral Surgery (See section 225.000)			
Simple Extractions (includes local anesthesia and routine postoperative care) (See section 225.100)			
D7111	Extraction, coronal remnants-deciduous tooth	No	No
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No	No
Surgical Extractions (includes local anesthesia and routine postoperative care) (See section 225.200)			
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	Yes	Yes
D7220	Removal of impacted tooth – soft tissue	Yes	Yes
D7230	Removal of impacted tooth – partially bony	Yes	Yes
D7240	Removal of impacted tooth – completely bony	Yes	Yes
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Yes	Yes
D7250	Surgical removal of residual tooth roots (cutting procedure)	Yes	Yes
Other Surgical Procedures			
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	Yes	Yes

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
D7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	Yes	Yes
D7285	Biopsy of oral tissue – hard	Yes	Yes
D7286	Biopsy of oral tissue – soft	Yes	Yes
Osteoplasty for Prognathism, Micrognathism or Apertognathism			
D7510	Incision and drainage of abscess, intraoral soft tissue	Yes	No
Frenulectomy			
D7960	Frenulectomy (Frenectomy or Frenotomy) Separate procedure	Yes	Yes
Orthodontics (See section 226.000)			
Minor Treatment of Control Harmful Habits			
D8210	Removable appliance therapy	Yes	Yes
D8220	Fixed appliance therapy	Yes	Yes
Comprehensive Orthodontic Treatment – Permanent Dentition			
D8070	Class I Malocclusion	Yes	Yes
D8080	Class II Malocclusion	Yes	Yes
D8090	Class III Malocclusion	Yes	Yes
Other Orthodontic Devices			
D8999	Unspecified orthodontic procedure, by report	Yes	Yes
Anesthesia			
D9220	General Anesthesia – first 30 minutes	Yes	Yes
D9221	General Anesthesia – each 15 minutes	Yes	No
D9230	Analgesia N ₂ O	No, but requires report for request for more than 1 unit per day	No
D9248	Non-I.V. Conscious Sedation	Yes and requires report	No
Consultations (See section 214.000)			
D9310	** (Second opinion examination) Consultation, diagnostic service provided by dentist or physician other than practitioner providing treatment	Yes	No

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
Outpatient Hospital Services (See section 228.200)			
0361*	Outpatient hospitalization – for hospital only	Yes	No
0360*	Outpatient hospitalization – for hospital only	Yes	No
0369*	Outpatient hospitalization – for hospital only	Yes	No
0509*	Outpatient hospitalization – for hospital only	Yes	No
Smoking Cessation			
D1320	Tobacco counseling for the control and prevention of oral disease	No	No
D9920	Behavior management, by report ** (tobacco counseling)	No	No
Unclassified Treatment			
D9110	Palliative treatment with dental pain	Yes	No